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ABSTRACT

The document reports on the Communitization Integration Team, a joint interagency planning project whose major goal was to develop, within a two county area, models for the cooperative delivery of community based services to school age developmentally disabled children, particularly the severely-profoundly retarded. Initial sections cover project goals (including a public education-public awareness program) and the development of services in a rural county. Project planning methods are reported in a third section. The role of the team in planning the school program is discussed in terms of four major goals (among which is the development of a full service plan to meet the individualized education program needs of the students). Section 5 considers the status of services at the beginning of the project, the role/program of the training center for mentally retarded persons not eligible for public school or vocational rehabilitation services, and constraints on joint programing. Final sections review public education efforts of the team to foster normative interactions for trainable and severely mentally retarded students, and the format and design of services developed in a rural county. (SBH)

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INTER AGENCY AND INTERDISCIPLINARY APPROACHES

TO

MEETING NEEDS OF DEVELOPMENTALLY DISABLED

by

Mary P. Kirchman
Gale Sevener
Harriet Horn

Papers presented at the Annual International Convention
Dallas, Texas
April 22-27, 1979

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Additional Services to Support Non-School Service Needs for TMR-SMR

Mary P. Kirchman

Developmental Services Chief

Movement into the public school systems provided some services not available under Title XX which had been badly needed. These were access to speech, physical and occupational therapy; and adaptive physical education. These services, in conjunction with the gradual integration of children into more normative settings for their age groups, were considered by most as real progress. It became evident, however, even before the initial IEP sessions that there would be some services that would be lost in the transition unless agencies other than public schools provided them.

The Project team, including respresentatives from all parties, took a look at service needs, what was or was not available, who was responsible for each component and how all of this could best be managed and coordinated to provide continuity as well as adequate and appropriate services.

Our Project Director, Beth Mount, conceived the overview for comprehensive services. Some of the necessary support services were just beginning to be developed, others were available through the training centers and still others through more generic agencies, while some were nonexistent. Case Management would be absolutely necessary if there was to be continuity.

EC 120605

Training Centers had been informed that Follow Along and Homebound services could be added to Facility Based services but must be substantial in scope. Case Management is only one part of required Follow Along services, even though case management might be all that some families would need.

A list of needed support systems include the following:

1. In-home training to assist the family in learning how to deal with behavior, physical, or other problems that may occur only in the home setting.

2. Family counseling to assist the family in dealing with their feelings, social problems, etc. related to their handicapped child.

3. Environmental modification to assist in physical management of an orthepedicatly handicapped person in the home.

4. Crisis intervention to assist families with crisis situations related to or dramatically affecting the handicapped member.

5. Homemaker services to relieve the family of some home care responsibilities through providing them more time and energy to spend on their handicapped child.

6. Pharmaceutical assistance in managing and monitoring difficult drug control situations, especially as related to seizure control or psychoactive drug use.

7. Leisure time assistance to provide training in and opportunities for the enjoyable use of leisure.

8. Recreational programs to develop leisure and physical recreation skills whenever possible in settings that provide for interaction with non-handicapped peers.

9. Respite care services to provide community short-term residential services for the handicapped person while the parents vacation or seek other temporary relief from the demands of caring for a handicapped person.

10. Emergency care which provides residential care for the handicapped family members when parents have emergencies (hospitalization, death in family, etc.) that require them to leave home.

11. Case Management services to assist the family in identifying and accessing the services they may need. (Sevener, Note 3)

The Communitization component of MR services in the Northeast Georgia Community Mental Health/Mental Retardation Center was in the process of setting up a 10 county system of alternative living/residential care which included respite and emergency services. As the schoolaged children moved into the public school systems, training center staff were relieved from their former responsibilities. It was time to plan for the changing role of the training center and to establish the support systems necessary to carry out comprehensive services in the geographic area.

Having identified the needs and the gaps, discussions were made as to who or what agency would be responsible for each component. Training Centers and Communitization would jointly develop and implement the respite/emergency care system. Training Center personnel would develop the leisure time/recreational component. The project team would work with the local Association for Retarded Citizens in Clarke County to establish a viable Summer Program. The Area Resource Team (NEGACMHC) would be responsible for special services, pharmaceutical assistance, and counseling. Training Centers would case manage all children whose needs could be met under Follow Along. So far, no substitute for extended day care has been developed, nor are homemaker services available. Crisis intervention would be available through the case managers.

FIGURE I

NEEDED SUPPORTS	AGENCIES RESPONSIBLE
1. PHYSICAL & SPEECH & OCCUPATIONAL THERAPIES	Public Schools
2. MEDICAL SERVICES	Public Health, Crippled Children's Service, St. Mary's Home Health Care
3. DENTAL SERVICES	Area Resource Team through GA Retardation Center, Atlanta, Public Health
4. PROSTHETIC DEVICES	Crippled Children's Service
5. PHARMACEUTICAL ASSISTANCE	Area Resource Team, Mental Health Centers
6. RECREATION/LEISURE TIME ACTIVITIES	Training Centers, Parks and Recreation Services, Churches, Family
7. PSYCHIATRIC INTERVENTION	Rutland Center, Child and Adolescent Services (CMHC)
8. IN-HOME TRAINING	Training Centers, Area Resource Team
9. TRANSPORTATION (other than to and from school)	Training Centers, Families, Dept. of Family and Children's Services, Action, NEGA Transportation Project (projected)
10. FINANCIAL ASSISTANCE	Social Security, Dept. of Family and Children's Services
11. DIAGNOSIS AND EVALUATION	Public Schools, Training Centers, Area Resource Team, UGA Psychology Clinic
12. LEGAL SERVICES	Legal Aid
13. FAMILY COUNSELING	Training Centers, Mental Health, Family Counseling, Area Resource Team
14. ENVIRONMENTAL MODIFICATION	?
15. HOMEMAKER SERVICES	?
16. RESPITE/EMERGENCY CARE	Communitization and Training Centers
17. CASE MANAGEMENT	Training Centers
18. SUMMER PROGRAMS	Association for Retarded Citizens (Clarke Co. only). ?
19. EXTENDED DAY CARE	?

Even though gaps exist at present, there is a coordinated effort to fill those gaps. Also, the change in training center responsibilities has caused some delay in Full implementation of some support services. Objectives for the remainder of the grant year and of the third grant year will deal with completing the development and coordination of adequate support services beyond what the schools can be expected to do. Other components of support services we have begun to attack are support services needed beyond the school years but for which schools prepare the student. The emphasis in these areas will be on the development of further work training, job placement, and residential alternatives.

The project and its formal organization and goal oriented approach has become a catalyst to coordinated effort. This has been a most exciting and rewarding project since, even with its setbacks, dealing with conflicting regulations and policies, a set of ideals is slowly becoming reality with children being given opportunities to learn, to be, and to grow.

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3. Sevener, G., Social and Support Services for Developmentally Disabled Persons. Unpublished Manuscript. September 1978.

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AN INTERAGENCY PLANNING APPROACH FOR MEETING THE TOTAL COMMUNITY EDUCATION AND SERVICE NEEDS OF SEVERELY-PROFOUNDLY RETARDED SCHOOL AGE CHILDREN

A PANEL PRESENTATION OF THE COMMUNITIZATION INTEGRATION TEAM -- A DDSA FUNDED INTERAGENCY PLANNING PROJECT BETWEEN CLARKE COUNTY SCHOOL DISTRICT, NORTHEAST GEORGIA COMMUNITY MENTAL HEALTH/MENTAL RETARDATION CENTER AND HOPE HAVEN SCHOOL IN ATHENS, GEORGIA AND MADISON COUNTY TRAINING CENTER IN DANIELSVILLE, GA.

for presentation at the

57th Annual International Council for Exceptional Children Convention

Dallas, Texas

April 27, 1979

Introduction to the Project:

Gale Sevener

Developmental Disabilities

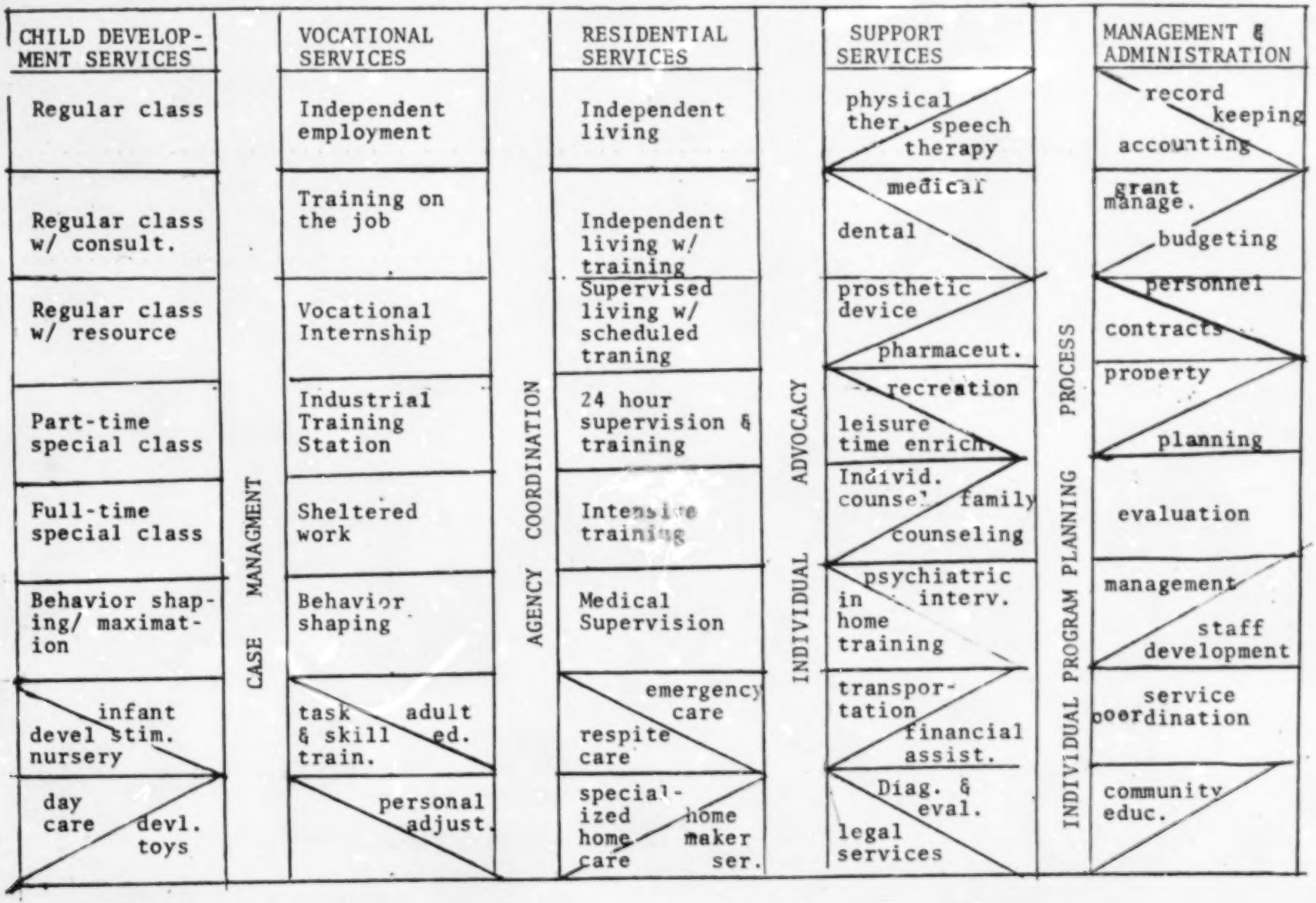
Service Coordinator

Communitization Integration Team, a joint interagency planning project whose major goal was to develop within a two county area models for the cooperative delivery of community based services to developmentally disabled school age children. The agencies represented on the Team include Clarke County School District Programs for Exceptional Children, Hope Haven School, a private nonprofit day training program partially funded by Title XX, N.E. Georgia Community Mental Health/Mental Retardation Center, the administration-coordination agency responsible for operating a variety of services to DD children and adults within a 10 county area, Madison County Training Center, the counterpart to Hope Haven for another area county. Each agency has a different and often separate responsibility for services to DD persons.

Under the mandate of PL 94-142, children served at day training centers would be moving to the public schools in the fall of 1978. It was recognized, however, that public schools alone should not and could not provide for all the service needs of these children. The broad array of services needed to provide support to children with developmental disabilities and their families is ideally the responsibility of several local agencies -- both special and generic. An overview of needed services is founded on figure 1.

FIGURE I

COMPREHENSIVE COMMUNITY BASED SERVICES FOR DEVELOPMENTALLY DISABLED PERSONS



It seemed necessary then for agencies to plan and work together in an effort to meet the various needs of the children, to assure program quality, and to make the transition from one service to another as smooth as possible. The DDSA Special Project Communitization Integration Team was written to achieve these ends.

To fully understand the project, one must have a known legale of the locale, the services available, and the governmental structure delivering those services.

Clarke County, Georgia is geographically the smallest of Georgia's 159 counties and is located in the northeastern part of the state, approximately 70 miles from Atlanta. It is the home of the University of Georgia, a major teacher training institution in the State.

Clarke County has a population of 50,000, a high concentration of industry and is the commercial and employment center for a 10 county primarily rural area. The city of Athens compresses much of the geographical area of the county.

Existing Service Agencies

The State of Georgia had legislatively made a concerted effort to provide community-based services to developmentally disabled persons and reduce the size of the state institutions. With the passage of the Community Services Act of 1972, county boards of health were given the responsibility for providing locally day training and residential services for moderately and severely retarded children and adults as an alternative to institutional placement. With the reorganization of state human service agencies under Carter's administration as governor this responsibility became administratively that

of the Department of Human Resources, Division of Mental Health and Mental Retardation. Locally day training was provided through either public training centers or privately operated publically contracted training centers operating with Title XX funds. Day training, education, and other services were provided to children classified as developmentally disabled through several agencies at the onset of this project as depicted on the following chart.

Figure 2

SPRING 1978 SERVICES TO SCHOOL AGE DEVELOPMENTALLY DISABLED CHILDREN IN CLARKE COUNTY GEORGIA

UNDER STATE DEPARTMENT OF EDUCATION	UNDER DEPARTMENT OF HUMAN RESOURCES
CLARKE CO. SCHOOL DISTRICT Services for EMR, LD, BD, SI, HI, VI, MH housed in regular school buildings - ages 6-18 yrs., 9 months a year.	HOPE HAVEN SCHOOL Serving TMR/SMR persons, ages 0-60 in separate facility 12 months a year. Provides day training and social service assistance
BOGART DEVELOPMENTAL CENTER serving TMR students from 3 counties including Clarke County. ages 6-21 years, 9 months a year in separate facility.	ATHENS UNIT/GEORGIA RETARDATION CENTER Joint program of UGA (UAF) and DHR. Provides day education and 5 day residential services to EMR, TMR, and other DD students. ages 3 to 18 years, 12 months a year.
RUTLAND PSYCHOEDUCATION CENTER Serving children with severe behavioral and emotional disorders including autism in a separate facility, ages 3 to 15 years, 12 months a year.	N.E. GA. COMMUNITY MH/MR CENTER Provides: Administration Services to Title XX Training Centers Community Residential Services Diagnosis and Evaluation Services Referral Services

Specific Goals of the Communitization Integration Team were:

1. To assist the Clarke County School District in the development of services for TMR and SMR students.
2. To provide staff development opportunities and technical assistance relating to programatic and environmental needs of DD children.
3. To establish a public education-public awareness program that would foster positive attitudes toward in inclusion of DD children in the mainstream of community life.
4. To jointly plan together in the identification and development of non-school services to meet the total community support needs of DD children.
5. To achieve the above goals in Madison County as well while adjusting the planning process to fit the needs and capabilities of a rural county.
6. To develop a mechanism to continue the process of inter-agency planning for changing needs of developmentally disabled children once the project is no longer in existance.

DEVELOPING SERVICES IN A RURAL COUNTY

Gale A. Sevener

Developmental Disabilities Service Coordinator

Madison County, Georgia is the rural county involved in the Team's project. The strategies for developing services and the models of service delivery must be different in a rural area from those in a metropolitan area.

Madison County is a primarily rural county which is growing rapidly in population and becoming somewhat of a suburban area for Athens. The population of Madison County is approximately 13,000 and the majority of residents are employed in some way in the agricultural industry. The County Board of Education and Superintendent of Schools are elected. The school district qualifies for 15 special education units from the state and operates classes and services for EMR, LD, BD, TMR, and speech impaired students. Less high incidence disability groups such as a vision and hearing impaired students are provided for through the Cooperative Education Service Agency on an itinerant basis. Other related services such as occupational and physical therapy and evaluation services are also provided through CESA.

The Madison County Training Center is operated by the Georgia Department of Human Resources and serves approximately 24 clients from infancy through adulthood. Seven school age children are presently enrolled in the Madison County Training Center as their appropriate educational placement and IEPed for speech and physical therapy services on a consultant basis through CESA. The training center provides training to the children in the areas

of social, recreational self help, cognitive, and vocational skills utilizing State Merit System staff.

The children in the Madison County Training Center were not moved into the public schools in the fall of 1978. The reasons for this are several. Parents favored maintaining their children in the Training center and were somewhat opposed to a school move being unsure of the school's capability to serve more severely involved children. The Madison County School District was involved in expanding their special education program to provide services for other unserved students and lacked the resources necessary to expand their program to provide for these children in FY 1978-79. An agreement between the State Superintendent of Schools and the Director of the State Department of Human Resources allowed for the continued placement of a child at a Title XX training center if that was determined to be the least restrictive environment appropriate to the child's needs.

The role of the Communitization Integration Team in developing services for developmentally disabled children has emphasized changing both parent and school attitudes and to begin developing non school services to provide families and children with supports that may make such a move less of an ordeal in the future.

PROJECT PLANNING METHODS

Gale A. Sevener
D.D. Service Coordinator

Interagency planning is a needed, but not often enough participated in activity for human service providers. As bureaucracies become larger, legislatures and the courts mandate new services, and federal government and states alter their funding supports, the local agency and its consumers may get lost in the shuffle.

On the occasions when agencies do decide to plan together and share resources, there can be problems that arise. We chose to discuss the management system of this project because we feel it is important to its operation.

Demonstrating Commitment

To secure DDSA funds, 25% of the Project operation expenses had to come from local funds and could be in kind match. Each agency provided some of the fiscal or in kind support for the project. This demonstrated the commitment of each agency and also assure continuing participation.

Figure 1 represents the local fiscal support provided by the agencies.

FIGURE 1

INTERAGENCY PROJECT FUNDING COORDINATION

IN KIND MATCH & FISCAL SUPPORT PROVIDED

N.E. GA. COMMUNITY MENTAL HEALTH/MENTAL RETARDATION

1. SECRETARIAL SERVICES
2. PHOTOCOPYING
3. ACCOUNTING SERVICES FOR TOTAL BUDGET
4. ADMINISTRATIVE SUPPORT
5. LONG DISTANCE PHONE AND POSTAGE
6. AUDIO VISUAL EQUIPMENT
7. ADMINISTRATIVE SUPPORT

CLARKE COUNTY SCHOOL DISTRICT

1. RECEPTIONIST AND SCHOOL RELATED SECRETARIAL SERVICE
2. DUPLICATING SERVICES
3. OFFICE SPACE AND UTILITIES
4. LOCAL PHONE
5. OFFICE SUPPLIES
6. ADMINISTRATIVE SUPPORT

HOPE HAVEN SCHOOL

BECAUSE OF FEDERAL FUNDING, THERE WAS LIMITED MATCH POTENTIAL.

PROJECT STAFF WAS EMPLOYED BY AND PAID FROM HOPE HAVEN SCHOOL. HOPE HAVEN SCHOOL DIRECTOR ALSO PROVIDES ADMINISTRATIVE SUPPORT TO PROJECT, BUT THIS CANNOT BE COUNTED AS IN KIND.

Planning Process

When individuals work for more than one agency, there is a tendency for one agency to use them more than others or for several agencies to make demands on their time and talents that could cause conflicts as to who gets how much service. We felt it was importa to utilize a management system that would assure that such conflicts would not arise. What developed and evolved was the use of a Management By Objective System and the use of formal Problem Solving Strategies to determing goals and objectives.

The entire Team, representatives from each agency and project staff meet monthly to determine goals and objectives for the project. Initially, objectives from past months are reviewed to determine progress and the next steps in the process of creating a needed service are specified and assigned. "New business" if you will is also considered. Needs or needed services are identified. Possible ways of meeting these needs are brain stormed. Brain storming options are reviewed for the most realistic or feasible. Goals are set, action steps defined, responsibility assigned, and a review date set. The action steps become the objectives.

(see figure 2 on next page)

FIGURE 2

COMMUNITIZATION INTEGRATION TEAM
INTERAGENCY PLANNING PROCESS

1. ENTIRE TEAM MEETS MONTHLY.
2. PREVIOUS MONTHS GOALS AND OBJECTIVES ARE REVIEWED FOR PROGRESS.
3. OBJECTIVES TO BE CONTINUED ARE SPECIFIED.
4. NEW OBJECTIVES RELATING TO MAJOR GOALS ARE SPECIFIED AND RESPONSIBILITY AND TIME LINES DETERMINED.
5. NEW NEEDS ARE IDENTIFIED.
6. BRAIN STORMING TO MEET NEEDS CONDUCTED.
7. VIABLE GOALS SET FROM BRAIN STORMING.
8. ACTION STEPS DETERMINED.
9. RESPONSIBILITY ASSIGNED.
10. REVIEW DATES DETERMINED.

MONTHLY OBJECTIVES WRITTEN AND DISTRIBUTED TO THE TEAM.

These are then written up by the D.D. Service Coordinator and distributed to all Team members. The form of the objectives identifies the following: (1) activity (what you want to get done, (2) product (what do you have to have to know it's done), (3) date initiated, (4) person responsible, (5) review date (when it needs to be done by), and (6) comments (this is for noting roadblocks to achievement or successful completion, etc.) A copy of the format is provided in figure 2 and the planning procedure is specified in figure 3.

(see figure 3 on next page)

Figure 3

COMMUNITIZATION INTEGRATION TEAM FOR DEVELOPMENTALLY DISABLED

(interagency Project of N.E. Georgia Mental Health,
Clarke Co. Schools, Hope Haven Training Center, Madison Co. Training Center)

PROJECT GOALS AND OBJECTIVES

MAJOR PROJECT GOAL:

SHORT TERM OBJECTIVES:

	ACTIVITY	PRODUCT	DATE INITIATED	PERSON RESPONSIBLE	REVIEW DATE	COMMENTS

In essence, our monthly objectives are like an IEP for the project. Initially, we used the schools IEP forms to write them, but quit when the director of special signed on the parent line and asked us to call him "Daddy".

This management format in addition concretizing project activity and assigning responsibility also provides us effective ways of reporting progress to our funding agents.

Periodically, we will set a full day planning meeting to develop major project goals for long term activity and also to review in a more global fashion where we are and where we want to go.

ROLE OF THE TEAM IN PLANNING THE SCHOOL PROGRAM

Gale A. Sevener
D.D. Service Coordinator

Goal 1

Clarke County School District and Hope Haven School had begun working together in 1977 to look at service needs for the children who would move to the school program. The job of the Team staff was to assist in formalizing the plans for the move. Our initial goal was to get the first IEP's written specifying the long term goals and needed services on 16 students from Hope Haven School, 15 students from Bogart Developmental Center and 8 students from Athens Unit/Georgia Retardation Center. During the month of April, the Team staff assisted by public school and Hope Haven Staff completed the following steps in that process.

1. Secure information released by parents from other agencies to the schools.
2. Review released information.
3. Identify needed evaluations.
4. Secure parent permission to evaluate.
5. Schedule evaluations and arrange for parents to be informed of results.
6. Review evaluations.
7. Schedule IEP meetings.
8. Clear time with parent and arrange for their transportation if none was available.
9. Inform all participants of IEP meetings.

10. Hold IEP meetings with parent, current service providers, and school participants.

11. Complete long range goals and service needs including class size, related services, physical space needs, transportation needs. This meeting also identified non-school service needs as a guideline for other services the Team would need to develop over the course of the project.

12. Secure parent signatures on IEP if parents were not present at the meeting.

In one month, we were able to complete the entire process on all students who had been identified for the services. That effort required a great deal of cooperation and committment of staff time from all agencies to complete.

Goal 2

The second Team goal related to the school program was to develop a full service plan defining the program services, staff, building rennovations, transportation, space, equipment, materials, etc. that would be needed to meet the IEP specified needs of the students and a budget specifying the cost of the services.

The steps to achieving this goal included:

1. From student IEPs determine teachers, aides and related service staff needed to meet IEP specified goals and comply with state standards on staff/student ratios.

2. Develop a list with cost, vendor, order number, etc. of materials needed for instructor in areas specified on IEPs.

3. Develop a list of equipment needed for instruction to meet IEP specified goals including vendor, quantity, cost, order number.

4. Develop list of rennovations needed on program space and space needs necessary to meet IEP and state standards specified services and estimated costs of rennovations.

5. Develop list of students needing special transportation.

6. Determine fund available to meet the costs of running this program from Section V state special education units and VI-B Flow Through Funds.

7. Determine needed local appropriations to support the program.

8. Write up the entire budget and services for approval of the Board of Education by May 12, 1979.

In the week and a half available, these steps were completed and the Board of Education approved the funds necessary for operation of the program.

Goal 3

Arrange and provide staff development for school district staff to assure the skills necessary to provide quality services in areas specified in students IEPs. To provide the IEP specified services to the children, it was determined that training would be needed by the teachers, aides and related service staff to prepare them to deliver these services. The steps for staff development included:

1. From the IEPs written, identify staff training areas needed.

2. Identify persons to provide consultation and training in needed areas that Team or other locally available persons could not provide.

3. Schedule space for consultation and training, contract with outside persons and arranging dates with school personnel.

4. Develop competency based training plans for training to be provided and submit to school district staff development office to secure school district employee credit toward certification renewal for anyone completing the training.

5. Notify public school staff of dates of training and times--also notify other agency staff and publicize in local media.

6. Take care of all local arrangements for out of town consultants.

7. Register participants and document attendance.

8. Supervise delivery of training and consultation services.

9. Do follow-up check on staff competency performance.

10. Complete records for school district staff taking training for credit.

Areas in which early training services were provided included nonoral communication skill training and management of physically and medically involved children. Later a workshop was provided in language and basic academic skills curriculum for severely mentally retarded children. An ongoing course on normalization was presented during February, utilizing the mental retardation specialist from Northeast Georgia Community Mental Health/Mental Retardation Center as instructor

In addition to the outside training, Team staff have also provided training to teachers and aides on inservice or planning days. They are also available on a request basis to provide technical assistance to the classroom teachers and related service staff regarding the management of particular children.

Goal 4

To assure acceptance of severely handicapped youngsters in the schools and foster community support for services locally, the general public needs to be reeducated and informed regarding program needs and services being operated.

The fourth goal was to conduct ongoing public education, public information programs which would foster the acceptance of the children in the schools and community support for the development of new programs.

The steps involved in this area were:

1. Secure for media coverage of the expanding public school services.

2. Secure for media coverage for the project itself.

3. Provide speakers and media productions for local service, civic, church etc. group meetings.

4. Develop and conduct social science units for classes of typical children centering on handicapping conditions.

5. Secure publicity for training and other Team activities in the local media.

These activities have been ongoing throughout the project period. Newspaper coverage of the development of the new school services began in the summer of 1978 and followed the progress of the program over the fall quarter. Newspaper coverage of the Team itself and new services as it was developing have also been continuous.

Status of Services at Beginning of Project, Role/Program of Training Center, and Constraints on Joint Programming

Mary P. Kirchman

Developmental Services Chief

As the Spring of 1978 approached and the implementation of PL 94-142 became imminent, the Georgia Association for Retarded Citizens began a series of workshops across the State aimed at parents and professionals, the content of which outlined the principles of the law, the responsibilities of the public schools and the rights of students. Due to the fact that the Georgia Plan for Exceptional Children and later APEG (Adequate Program for Education in Georgia), although considered to be comprehensive in scope and mandatory, did not include services for the severely and profoundly retarded, many school systems had not established the full continuum of comprehensive programs. The mandatory element had not been enforced because of inadequate funding. Also, many small rural systems, in spite of shared services, had been unable to serve some disability groups because of small numbers and large geographic areas; space and transportation limitations; and recruitment of certified teachers as well as lack of real commitment or understanding by administrators. There were many counties which did not serve the trainable retarded and the multihandicapped.

In 1971, the Georgia Department of Human Resources began

to develop a network of Day Training Centers for those mentally retarded persons who were not eligible for public school or vocational rehabilitation services. This network incorporated a number of privately operated centers already in existence.

Funding was obtained through a combination of State and County funds and monies from Titles IVA and VI of the Social Security Act. Later, the required match from counties was dropped with all match coming from the state. Also, Titles IVA and VI were combined into what we now know as Title XX.

The general purpose and specific goals of Title XX upon which these services were based had and has significant bearing on what has followed in Georgia as PL 94-142 has been implemented. "The general purpose of Title XX is in achieving or maintaining economic support to prevent, reduce, or eliminate dependency on welfare." (Carl, note 1) Specific goals utilized for purchase of service in Day Training Centers are:

1. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.
2. Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families.
3. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care. (U.S. Code, 1974, p. 8142)

Further, Title XX stipulates that its resources cannot be used to fund services that are generally available to the public such as public education, transportation to and from school, health services, etc.

Services available in the Day Training Centers were: six hour training day, extended day care, 12 month program, assistance with social services, transportation to and from the center as well as for various clinics and dental services. Training was individually planned in the areas of communication, self care, social adjustment, body usage, basic skills and practical skills. The mentally retarded of all ages were served in the Day Training Centers. Adult Training was carried out in a work activity program.

Since both the Department of Education and the Department of Human Resources had responsibility for services to the mentally retarded, it was necessary for the respective department heads, Dr. Charles McDaniel and Dr. Douglas Skelton to come to an agreement which would set the direction for both departments in the ensuing months. The joint policy statement issued in October of 1977 stated:

1. For those individuals between the ages of six and 17, the local board of education shall be responsible for assessing the needs of the individuals and providing and/or arranging for their appropriate education service.

2. In those communities where the appropriate educational service has not yet been developed for those individuals six to 17 years of age currently attending mental retardation training centers, the social and developmental training shall be available on a time limited
tr transitional basis not to exceed the required compliance date with PL 94-142, Education of the Handicapped Act.

3. In those communities where the appropriate educational services are available within the public school system, the Department of Human Resources may, for children who are transferred from mental retardation training centers into the public school system, provide partial day care for up to three months if no other community resources are available (note 2).

With this background, the state was set to begin the transition for many mentally retarded children who had been denied educational services. However, the transaction was beset with problems, unanswered questions and many anxieties on the parts of parents, communities, school and training center personnel. Some of these issues were:

1. School systems could contract for educational services for exceptional children and were inclined to interpret "arranging for appropriate educational services, as implying that possibility with training centers.

2. Training Centers did not and could not under Title XX regulations offer ducational services, as such, nor were they staffed by certified teachers.

3. Training Centers could not usually be considered the least restrictive option.

4. Training centers offered 12 months services as well as extended day care.

5. Appropriate school facilities were not available to house SMR, PMR, and MH children.

6. Certified teachers were not available, nor were there certification criteria for SMR and PMR teachers.

7. Many families preferred training center services as they had been involved in the development of these programs.

8. Others were demanding public school services.

9. Flow through funds were not sufficient for start up.

10. Training Center personnel were reluctant to transfer children from an established training program to a completely undeveloped one!

11. Many administrators and Special Education personnel were skeptical about the and the desirability of placing such severely handicapped children in the public school setting.

12. There was much widespread misinterpretation of "the least restrictive option", leading parents and teachers and administrators to believe that all handicapped children would be placed in regular classes thus lowering the standards and overworking the teachers.

To combat these problems and to show that the transition was not only possible but would be beneficial to the students, Northeast Georgia Community Mental Health/Mental Retardation Center filed a proposal in December of 1977 for funds from the Developmental Disabilities Services Act. The proposal was subsequently funded, its purposes were outlined earlier as well as the geographic scope of the project.

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1. Carl, N., Unpublished Manuscript. February 1979
2. Memorandum: From C. McDaniel, State Superintendent of Schools and D. Skelton, Commissioner of Human Resources. A joint policy statement. October 13, 1977.

PUBLIC EDUCATION EFFORTS OF THE TEAM TO FOSTER NORMATIVE INTERACTIONS FOR TMR AND SMR CLASS STUDENTS.

Harriet Horn

Developmental Disabilities Program Specialist

In order to stimulate interaction between the TMR-SMR classes and regular students, a series of social science units was developed. These units are based on a film series and discussion materials titled Like You, Like Me by the Encyclopaedia Britannica Educational Corporation. They review various handicapping conditions such as mental retardation, prosthetic hand, double braces, emotional disturbance, etc.

In the first setting, the teachers were reluctant to request the units due to apprehension over the subject matter. After a few frustrating attempts, the librarian became the liaison between the Team and the teachers for stimulating interest with the staff.

Two teachers became the bold adventurers into the unknown and once the units were presented to those classes, the children's responses became the catalyst for more presentations.

The presentations consist of a few thought provoking questions. These are meant to evoke some personal feeling toward the topic. After some class discussion, which is the key to holding their interest, we move into setting the stage for viewing (The Encyclopaedia Britanica Educational corporation developed a handout for each film that is fantastic and each section is closely followed to obtain the most benefit from each film). After the

viewing, there is a section of questions which are reviewed. At any opportune time, the medical facts about the conditions or past experiences are discussed when any of us have had personal contact with the subject matter.

The comments made by the students have been surprising to the teachers and to the presentor. The students are aware of many facts and have asked questions that were unanswerable by the presentor. Often times, we've turned this into a library project and follow up reports the next week.

The comments from parents have been most favorable. In the first class, one mother called concerned over the subject content for her 3rd grade child. After the teacher spoke with her, she became excited over the concept of the units and bragged about the fact her child was learning such valuable facts, at such an early age.

The positive outcomes are most noticed in the interaction between the regular classes and the TMR SMR classes. Typical students work for the priviledge of becoming peer tutors of TMR and SMR students daily. This daily interaction during instructional, free time and playground has become a highly valued opportunity.

The students in the gifted program have been assigned specific TMR students to work on activities of daily living skills. This interactions is extremely exciting to observe.

FORMAT AND DESIGN OF SERVICES
DEVELOPED IN A RURAL COUNTY

Harriet Horn
Developmental Disabilities
Program Specialist

As mentioned earlier the school age children in Madison County did not move into the schools in the fall of 1978. One of the reasons for this lack of movement was the parent's support of the training center services and their impression that the schools either did not want to serve the children or could not provide an adequate program. The parents had worked hard the previous year to secure a new building for the training center. They had developed over the years a close working relationship with the training center staff that they did not want to sever. The schools had not yet demonstrated their ability to provide adequately for the children, most of whom are severely and multiple handicapped. The parents attitude in general seemed to be one of "why push for services we don't know anything about when we are happy with what we have?"

In the past the schools were reluctant to provide services for the more severely disabled children. The communication that has evolved over the last six months has altered that situation significantly. The new training center director, a native of Madison County whose wife teaches in the school system has facilitated the development of ongoing communication with the County Superintendent of Schools and the building principals. The

superintendent now states that they will accept into the schools any of the training center students whose parents want them to receive services there. The training center director has also arranged for the Team's Program Specialist to present the social science units on handicapping conditions to the children in one district elementary school. The focus here has been to develop an accepting attitude on the part of the typical children and regular education staff in the schools.

The parent attitudes toward school services are still a barrier to movement. The D.D. Program Specialist and the Training Center Director are working with parents of school age children as a group to develop more accepting attitudes toward public school services. This effort will be a gradual one and may require a push from the state level before acceptance on the part of parents is fully realized.

Other efforts of the Team center on developing an array of non school support services in Madison County. Currently the Team is focusing on the development of recreation and leisure time activities, case management services, and local respite care services. While these efforts are in the beginning stages, it is hoped that the provision of them will provide the parents of school age children an ongoing link with the staff and the support of the training center that will remain even if the children move to the schools for their day education program. The Team feels that by providing the parents and children with a feeling of continuity in their services they may become more accepting of a move to school provided day education.